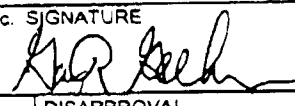
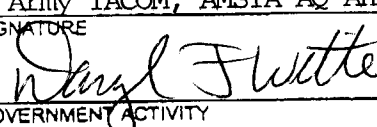


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|--|--------------|----------------|--|--|------------------------------------|--|--|
| REQUEST FOR DEVIATION/WAIVER (RFD/RFW) | | | 1. DATE (YYYYMMDD) 2004/03/03 | | Form Approved OMB No. 0704-0188 | | |
| <p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p> | | | | | | 2. PROCURING ACTIVITY NUMBER | |
| 4. ORIGINATOR | | | | | | 3. DODAAC W56HZV | |
| a. TYPED NAME (First, Middle Initial, Last) Todd S Johnson | | | b. ADDRESS (Street, City, State, Zip Code) NAPCO International, LLC 11111 Excelsior Blvd. Hopkins, MN 55343 | | | 5. (X one) DEVIATION <input checked="" type="checkbox"/> WAIVER | |
| 7. DESIGNATION FOR DEVIATION/WAIVER | | | 8. BASELINE AFFECTED | | | 6. (X one) MAJOR <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> | |
| a. MODEL/TYPE | b. CAGE CODE | c. SYS. DESIG. | d. DEV. WAIVER NO. | FUNC. TIONAL | ALLO-CATED | 9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED | |
| | 95201 | | W-N035-2 | PRODUCT | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 10. TITLE OF DEVIATION/WAIVER Pump, Fluid | | | | | | | |
| 11. CONTRACT NO. AND LINE ITEM DAAE07-02-D-N035/0001, 0003 & 0004 | | | | 12. PROCURING CONTRACTING OFFICER | | | |
| | | | | a. NAME (First, Middle Initial, Last) Daryl F. Witte | | | |
| | | | | b. CODE | | | |
| | | | | c. TELEPHONE NO. 586.574.7196 | | | |
| 13. CONFIGURATION ITEM NOMENCLATURE | | | | 14. CLASSIFICATION OF DEFECT | | | |
| | | | | a. CD NO. | | | |
| | | | | b. DEFECT NO. | | | |
| | | | | c. DEFECT CLASSIFICATION <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL | | | |
| 15. NAME OF LOWEST PART/ASSEMBLY AFFECTED Pump, Fluid | | | | 16. PART NO. OR TYPE DESIGNATION 12284468 | | | |
| 17. EFFECTIVITY 2351 pieces (618, 846 & 887), and any additional contract option quantities. | | | | 18. RECURRING DEVIATION/WAIVER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 19. EFFECT ON COST/PRICE None | | | | 20. EFFECT ON DELIVERY SCHEDULE Will start monthly contract deliveries 10 days after approval. | | | |
| 21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE No effect | | | | | | | |
| 22. DESCRIPTION OF DEVIATION/WAIVER 1) Basic shock test has an event duration of 18±.02 ms, testing was conducted to 18±.80/-00 ms. 2) Input shaft hardness is listed as Rc 62-65, manufacturers material hardness requirement is Rc 57-63. 3) Input shaft material is specified as SAE 8740, manufacturers material is SAE 8620. See attached supporting explanations. | | | | | | | |
| 23. NEED FOR DEVIATION/WAIVER This is the same pump model from the original equipment manufacturer that has been in service for 20+ years in this vehicle application. The drawing should be changed to more accurately describe the pump currently being produced. These conditions have not affected pump performance. | | | | | | | |
| 24. CORRECTIVE ACTION TAKEN An ECP will be submitted to clarify these points on drawing for future procurement. | | | | | | | |
| 25. SUBMITTING ACTIVITY | | | | | | | |
| a. TYPED NAME (First, Middle Initial, Last) Gary R Gelbaye | | | b. TITLE QC Manager | | | c. SIGNATURE  | |
| 28. APPROVAL/DISAPPROVAL | | | a. RECOMMEND | | | APPROVAL | |
| b. APPROVAL <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | | c. GOVERNMENT ACTIVITY US Army TACOM, AMSTA-AQ-AHPB | | | d. DATE SIGNED (YYYYMMDD) 2004MAR22 | |
| d. TYPED NAME (First, Middle Initial, Last) Daryl F. Witte | | | e. SIGNATURE  | | | f. DATE SIGNED (YYYYMMDD) 2004MAR22 | |
| g. APPROVAL <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | | h. GOVERNMENT ACTIVITY | | | i. DATE SIGNED (YYYYMMDD) | |
| j. TYPED NAME (First, Middle Initial, Last) | | | j. SIGNATURE | | | k. DATE SIGNED (YYYYMMDD) | |